**TOPIC GUIDE FOR PRIMARY RESEARCHERS**

1. As we know, the SENATOR engine analysed the patient’s information and made recommendations to optimise the patient’s medicines. Here’s an example of a report that was generated. What are your thoughts on the design of the report?

* Structure, layout, colours, font size, information provided Location of report

1. When a prescriber was looking at a SENATOR report for the first time, what do you think they would’ve thought of it?

* Do you think that they knew what the report was asking them to do?

1. What are your thoughts on the quality of the recommendations?

* Thoughts on the relevance of the recommendations? Would you change anything about the recommendations/report?

1. What are your thoughts on the timing of the intervention?

* Would it have been better to have the report at another time?

1. What are your thoughts on conducting this intervention in the hospital setting?

* Do you think there’s a more appropriate setting this could take place?

1. Whose role is it to make recommendations to optimise older patients’ medicines in your hospital?

* How would these recommendations be communicated (do you know)?

1. How do you communicate the presence of the report and the recommendations?

* Were there any facilitators/barriers to this communication?

1. What are your thoughts on the methods of communication of the report’s recommendations in this hospital?

* What method of communication did you find most successful when providing the recommendations to the prescribing team, e.g. face to face or via telephone

1. Given your professional background, how do you feel your role may affect the number of recommendations implemented?

* The role/status of the primary researcher

1. How do you feel when discussing the report with the prescribing team?
2. Did you have any particular rewarding or negative experiences in your role in carrying out the intervention?
3. What was the reaction of prescribers in your hospital to the SENATOR report/recommendations?

* Was there a positive or negative reaction?
* Do you think that prescribers saw it as a priority to review the SENATOR report recommendations?

1. In your opinion, whose role should it be to review computer-generated recommendations like this in the hospital setting?

* Do you think there should be someone to screen the recommendations before reaching the prescriber?
* If so, who should this be? Doctor? Pharmacist? Nurse?

1. The prescriber implementation rates for the SENATOR recommendations have been lower than expected – why do you think that may be?
2. How do you think that we could achieve higher implementation rates of the recommendations?
3. Do you foresee any problems for implementing an intervention like this routinely in future?

* Resources (money, electronic prescribing) Having a defined role for someone to lead/deliver the intervention

1. Do you think there is anything more you could have done to enhance the acceptance rates of the recommendations?

* Anything more that your PI could have done? e.g. promotion in the hospital Anything more that the lead site (Cork) could have done?

1. How could SENATOR (or a similar intervention) be done better in future?

* What resources would be required? Different ways of working/communicating?
* What information would you want to be provided by the computer? How should the information to be provided?

That brings us to the end of the interview

1. Do you have any additional comments that you would like to make, or any points you’d like to expand on?

Thank you very much for giving up your time to talk to me today.

**TOPIC GUIDE FOR PRESCRIBERS**

The SENATOR trial involves a computer programme analysing older patients’ medicines, medical conditions, and other information with the aim of optimising prescribing. The programme then generates a report for the prescribing team to review with recommendations to address potentially inappropriate medications or potential prescribing omissions.

1. Firstly, what are your thoughts on the role that computerised programmes can have on reducing PIP in hospitalised older adults?

2. What is your role in reviewing the appropriateness of medicines an older patient is prescribed during their hospital stay?

• Is this a priority of yours on a daily basis?

3. How confident do you feel in prescribing for this patient group?

• Do you think that your prescribing decisions would benefit from regular automated support/feedback/advice?

• How do you feel about trusting recommendations from an automated programme?

As I said, the SENATOR intervention produced a report highlighting potentially inappropriate medicines or potential prescribing omissions. Here’s an example of a report generated.

4. When you looked at the SENATOR report for the first time, what did you think of it?

• Did you understand what the report was aiming to do or what it asked of you?

• What do you think of the design of the report? Refer to layout, font size, length, colours, data / information contained within the report etc.

5. When looking at the report, how easy or difficult was it for you to identify which of the recommendations were relevant for each patient?

• Do you think all of the recommendations that you’ve reviewed have been relevant for your patients’ needs?

6. What influence, if any, did the SENATOR report have on your decision-making?

7. How did you receive the report or how were you made aware of the recommendations?

* What are your thoughts on the method of communication for this intervention?

8. What are your thoughts on conducting this type of intervention in the hospital setting?

* What about the timing of the intervention?

9. Is there anything that may have prevented you from acting upon the SENATOR recommendations?

• Patient’s acute medical presentation? Lack of information to hand? Work environment/Resources, Time, Your role/role of others

10. Were there any particularly rewarding or negative experiences that you encountered with the SENATOR intervention?

11. In your opinion, whose role should it be to review these computer-generated recommendations in the hospital setting?

• Do you think someone should screen the recommendations before reaching the prescriber? e.g. doctor, pharmacist, nurse

12. The implementation rate of recommendations by prescribers has been lower than anticipated – what do you think are the reasons for this?

• How do you think that we could achieve higher implementation rates of the computer-generated recommendations?

13. How well was the trial promoted in the hospital?

14. What problems, if any, do you foresee in implementing this intervention into routine clinical practice?

15. Do you have any suggestions for how we could enhance the implementation of this type of intervention in future?

• What resources would be required? Electronic prescribing?

• What information would you want to be provided by the computer? How would you like this information to be provided?

That brings us to the end of the interview

1. Do you have any additional comments that you would like to make, or any points you’d like to expand on?

Thank you very much for giving up your time to talk to me today.